

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	CASE NO. 22-01797/MCF
	*	
DAMARYS FIGUEROA RIVERA	*	CHAPTER 13
	*	
<u>DEBTOR</u>	*	

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"
OFFICIAL FORM 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, DAMARYS FIGUEROA RIVERA, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated January 18, 2024, herewith and attached to this motion.
2. The amendments to Schedules "I" and "J" is filed **to reflect Debtor's actual income and expenses**, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Witin thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 18th day of January, 2024.

/s/Roberto Figueroa Carrasquillo

USDC #203614

RFIGUEROA CARRASQUILLO LAW OFFICE PSC

ATTORNEY for the DEBTOR

PO BOX 186 CAGUAS PR 00726

TEL NO 787-744-7699/787-963-7699

Email: rfc@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1 DAMARYS FIGUEROA RIVERA

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 3:22-bk-1797
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not employed

Occupation

Employer's name

Employer's address

How long employed there? _____

Debtor 1

Debtor 2 or non-filing spouse

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ N/A

3. +\$ 0.00 +\$ N/A

4. \$ 0.00 \$ N/A

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 2,362.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>PAN</u>	8f. \$ 198.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,560.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,560.00 + \$ N/A = \$ 2,560.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,560.00	
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 DAMARYS FIGUEROA RIVERA

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 3:22-bk-1797
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ _____ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ _____ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ _____ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ _____ 60.00

4d. Homeowner's association or condominium dues

4d. \$ _____ 30.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ _____ 0.00

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	655.00
6b. Water, sewer, garbage collection	6b. \$	180.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	120.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$	580.00
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8. Childcare and children's education costs

8. \$	0.00
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9. Clothing, laundry, and dry cleaning

9. \$	40.00
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10. Personal care products and services

10. \$	120.00
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11. Medical and dental expenses

11. \$	80.00
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12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$	120.00
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13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$	30.00
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14. Charitable contributions and religious donations

14. \$	0.00
--------	------

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$	0.00
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15b. Health insurance

15b. \$	0.00
---------	------

15c. Vehicle insurance

15c. \$	0.00
---------	------

15d. Other insurance. Specify: _____

15d. \$	0.00
---------	------

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$	0.00
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17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$	0.00
---------	------

17b. Car payments for Vehicle 2

17b. \$	0.00
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17c. Other. Specify: _____

17c. \$	0.00
---------	------

17d. Other. Specify: _____

17d. \$	0.00
---------	------

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$	0.00
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19. Other payments you make to support others who do not live with you.

Specify: _____

\$	0.00
----	------

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$	0.00
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20b. Real estate taxes

20b. \$	0.00
---------	------

20c. Property, homeowner's, or renter's insurance

20c. \$	0.00
---------	------

20d. Maintenance, repair, and upkeep expenses

20d. \$	0.00
---------	------

20e. Homeowner's association or condominium dues

20e. \$	0.00
---------	------

21. Other: Specify: _____

21. +\$	0.00
---------	------

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	2,015.00
\$	
\$	2,015.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$	2,560.00
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23b. Copy your monthly expenses from line 22c above.

23b. -\$	2,015.00
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23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$	545.00
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24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.Explain here: NONE

Debtor 1 DAMARYS FIGUEROA RIVERA
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 3:22-bk-1797
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

DAMARYS FIGUEROA RIVERA
Signature of Debtor 1

Date _____

1/18/2024

X

Signature of Debtor 2

Date _____

Label Matrix for local noticing 0104-3 Case 22-01797-MCF13 District of Puerto Rico Old San Juan Thu Jan 18 08:40:06 AST 2024	DLJ Mortgage Capital, Inc. c/o SELECT PORTFO Lbrg Law Firm PO BOX 9022512 san juan san juan, pr 00902-2512	(p)DE DIEGO LAW OFFICE PSC ATTN ORIENTAL BANK-AUTOS P O BOX 79552 CAROLINA PR 00984-9552
US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964	Autoridad Acueductos Y Alcantarillados PO Box 70101 San Juan, PR 00936-8101	CONSEJO DE RESIDENTES TERRAZAS DE GUAYNABO T-9 GIRASOL ST GUAYNABO PR 00969-5417
Comenitybank/victoria PO Box 182789 Columbus, OH 43218-2789	Credit One Bank NA PO Box 98872 Las Vegas, NV 89193-8872	(p)DEPARTAMENTO DE TRANSPORTACION Y OBRAS PUB P O BOX 41269 SAN JUAN PR 00940-1269
(p)LUMA ENERGY REVENUE PROTECTION PO BOX 364267 SAN JUAN PR 00936-4267	LVNV Funding, LLC Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587	Lcdo. Roberto C. Latimer Valentin PO Box 9022512 San Juan, PR 00902-2512
Oriental Bank PO Box 195115 San Juan, PR 00919-5115	Quantum3 Group LLC as agent for Comenity Bank PO Box 788 Kirkland, WA 98083-0788	SELECT PORTFOLIO SERVICING, INC ATTN: REMITTANCE PROCESSING PO BOX 65450 SALT LAKE CITY, UT 84165-0450
DAMARYS FIGUEROA RIVERA HC05 BOX 7440 GUAYNABO, PR 00971-9597	JOSE RAMON CARRION MORALES PO BOX 9023884 SAN JUAN, PR 00902-3884	MONSITA LECAROEZ ARIBAS OFFICE OF THE US TRUSTEE (UST) OCHOA BUILDING 500 TANCA STREET SUITE 301 SAN JUAN, PR 00901
ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186		

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

ORIENTAL BANK-AUTOS DE DIEGO LAW OFFICES, PSC PO BOX 79552 CAROLINA CAROLINA, PR 00984-9552	DTOP PO Box 41269 San Juan, PR 00940-1269	LUMA REVENUE PROTECTION PO BOX 364267 SAN JUAN, PR 00936
(d)Luma Energy PO Box 364267 San Juan, PR 00936	(d)Oriental Bank-Autos PO Box 79552 Carolina, PR 00984-9552	End of Label Matrix Mailable recipients 18 Bypassed recipients 0 Total 18